

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000148819

**Entity Name:** SOUTH FLORIDA COLORECTAL INSTITUTE PLLC

**Current Principal Place of Business:**

21097 NE 27 COURT  
SUITE 490  
AVENTURA, FL 33180

**Current Mailing Address:**

21097 NE 27 COURT  
SUITE 490  
AVENTURA, FL 33180 US

**FEI Number:** 83-0967544

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SCHOCHET, ELIE  
21097 NE 27 COURT  
SUITE 490  
AVENTURA, FL 33180 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SCHOCHET, ELIE  
Address 21097 NE 27 COURT  
SUITE 490  
City-State-Zip: AVENTURA FL 33180

Title PRACTICE ADMINISTRATOR  
Name MELENDEZ, JENNY LYNN  
Address 21097 NE 27 COURT  
SUITE 490  
City-State-Zip: AVENTURA FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIE SCHOCHET MD

AMBR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date